SUBMIT: COMPLETED AP Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Stamp (Received)

Permit #: lefund: 8 16-0309 7:19-116

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

APPLICANT. Bayfield Co. Zoning Dept.

Secretarial Staff Other: (explain) (X)	}	energe September	Rec'd for Issue		☐ Municipal Use	and the second			X Commercial Use	•			Residential Use			Proposed Use	Proposed Construc	Existing Structure:				45,000	<u></u>		Value at Time of Completion * include donated time & material	Non-Shoreland	S Contains	Short of the state	Section [1		SE 1/4,S	PROJECT LOCATION	Authorized Agent: (Person signing Application	Contractor: TBD.	Highway	
al Slaff Other: (explain)			in in		×		□ Mobile F	Bunkhou	se				ř	Residence	☐ Principal	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Proposed Construction: Agricultural Use On 1	(if permit being applied fo	ANA SECTION AND ADMINISTRATION ADMINISTRATION AND A		Relocate (existing bldg)	Conversion	☐ Addition/Alteration	X New Construction	Project		☐ Is Property/Land withi	☐ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?		Ľ	SW 1/4 Gov't Lot	Legal Description: (Use T	son signing Application on bena		[37	z's Acres
explain)	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters,	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	. ;;;	Principal Structure (first structure on property)		! USE On 14	or is relevant to it)		Foundation	□ Basement	2-Story		1-Story	# of Stories and/or basement		Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	≡£ TrS	N, Range W	۸	t Lot Lot(s) CSM	tatement)	on benair of Owner(s)) Agent		CITY	29%
100 AVA		The state of the s		Alteration (specify)	Agricultua		ite)] sleeping quarters, o	rage					shack, etc.)	ture on property)	Proposed Structure	70	Length:					X Year Round		Use		Pond or Flowage If yescontinue	eam (incl. Intermittent) yescontinue	£; /;	Town of:	 %	3 digits)		one:	_	STCOKY
***************************************	- The standard of the standard				al use only		AND THE REAL PROPERTY.	or □ cooking & fo									f† V		Non		None	ω	2	H	# of bedrooms		Distance Structure	Distance Structure	Den	2007/19	Lot(s) No.	·2 63 000	Agent (viailing Address	Plumber: N/A	aranananananananananananananananananana	ta. Ashland
THE PROPERTY OF THE PARTY OF TH					2		AND THE RESIDENCE OF THE PARTY	cooking & food prep facilities)	-								381	Width:	X None	i	Privy (Pit) or Vaulted (Sanitary (E		i	V Sewer Is or		re is from Shoreline:	re is from Shoreline :	-	L	Block(s) No.		(Illiciade city) so	or final table of the form		ωI
_		t)	(70	_	-		_		(_					ft			er I	vaul	ts) Spe	y Specify		What Type of er/Sanitary Sys on the propert		feet	ne:	660 ft	Lot Síze	Subdivision	Volume	(e/ <u>ri</u> b).	77		54806
×		×		x)	0 X136)	х)	×	×	×	×	×	×	×	× ×	х)	Dimensions	Height:	Height:		Hiddenia	ontract)	cify Type:	cify Type:	La La Constantina	What Type of Sewer/Sanitary System Is on the property?		No	Is Property in Floodplain Zone?	X SEO-RI		Ön:	1143 Pa	Attached	Flumo	715 20g	Cell Phone
a man ha de deserves		and the second s			9520		-									Square Footage	7785					Z 30	□ Well		Water	The state of the s	No	Are	10 acres	Acreage		ocument: (i.e. Property Ownersnip)	Attached No	Written Authorization	209 7527	one.

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Ashland, 54806

2004 BY

Owner(s):

the Deed All Owners must sign \underline{or} letter(s) of authorization must accompany this application)

Authorized Agent:

Address to send permit

(If you are signing on beha C15)

thalf of the owner(s) a letter of authorization the way of two weering, (NC

must accompany this applic

A

Z

Date

Date

2

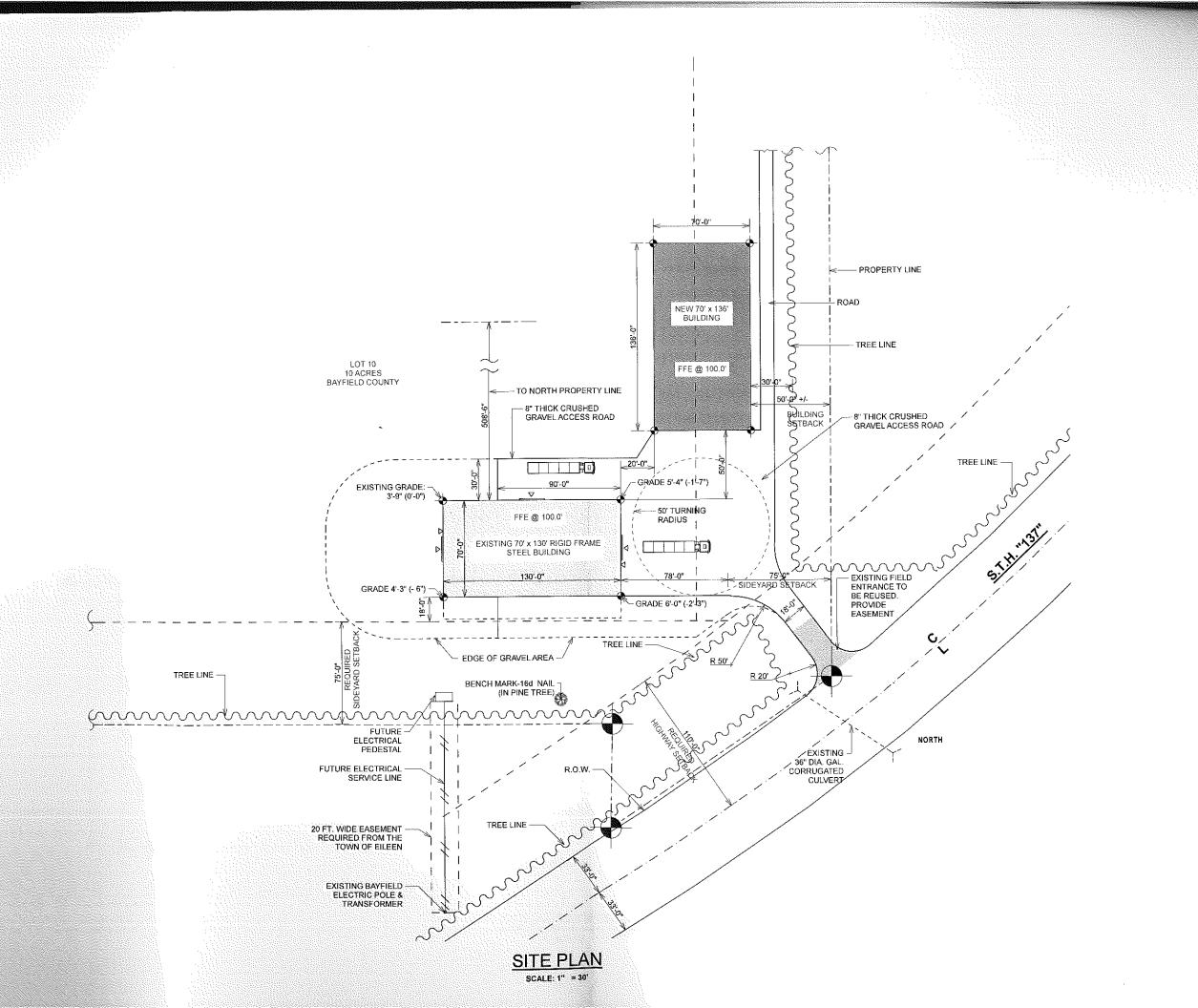
N.

If you recently purchased Attach
Copy of Tax Statement
ed the property send your Recorded Deed

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Hold For Sanitary: Hold	7-18:1	Granted by Variance (B.O.A.) Gase #: Was Parcel Legally Created Was Proposed Building Site Delineated Inspection Record:	Permit #: //	(9) Stake or Mark Pro NOTICE: A For The Construction	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest Description Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the Established Right-of-Way Setback from the Bouth Lot Line Setback from the West Lot Line Setback from the West Lot Line Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the notice that is n (10) feet of the notice that is not	see at	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For Affidavit:	Inspected by: tions Attached? (I) Yes (I) No-	Zyes No Zyes No	Reason for Denial: Permit Date: 7-19-1 Record) ZNo ontiguous Lot(s)) ZNo	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and the Construction of the Construction of the Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	te (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point) Description Measurement Measurement Measurement Setbacks: (measured to the closest point) Centerline of Platted Road Centerline of Scholar Road Centerline of Platted Road Centerline of Scholar Road Centerline of Platted Road Centerline of Plat	attached site plan	
vit: □ Hold For Fees: □	(MNo they need to be attached.)	Previously Granted by Variance (B.O.A.) Case Were Property Lines Represented by Owner Was Property Surveyed	# U. pegrooms: (6 Mitigation Required ☐ Yes → No Mitigation Attached ☐ Yes → No	Septic Tank (ST), Drain field (DF), Holding the Date of Issuance if Construction or Use Municipalities Are Required To Enforce The ederal agencies may also require permits.	Changes in plans must be app Changes in plans must be app Description Description Setback from the Lake (ordinary high-wate Setback from the Bank or Bluff Setback from Wetland 20% Slope Area on property Elevation of Floodplain Setback to Well Setback from which the setback must be measured must be		Road); (*) Holding
Date of Approval? 19-16	Zoning District (A97) Lakes Classification (Date of Re-Inspection:	#: Eyes	Affidavit Required Ses No	eet of the proposed site of the structure, or must be Tank (HT), Privy (P), and Well (W). has not begun. Uniform Dwelling Code.			Tank (HT) and/or (*) Privy (P)



SAINT IZ'S ACRES, LLC
HEHWAY 137, ASHLAND, WI 34806
SITE PLAN

Design & Engineering, Inc.

State State Drive West
Ashburat. Wisconsin 540R

"leftpluse (77.5) 822-330

Stat (7.5) 822-4535

Should a managing-designed
Awar as beigned a constituent of the constituent of

REVISORS

OSSIGNED S.G.S

DRAWN B.J.H.

SCALE AS NOTED

DATE JULY 2016

PROJECT NO

A-2

COPYRIGHT © 2015

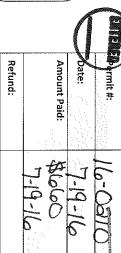
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



JUL 14 2016



INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Bayfield Co. Zoning Dept.

	Date		are Multiple Owners listed on the Deed All Owners must sign of letter(s) of authorization must accompany this application) and Agent:	ion must acco	ter(s) of authorizat	ist sign <u>or</u> let	eed All Owners m	(ed on the D	ple Owners lis	(if there are Multi	
6	Date 7/1					9	4		0	Owner(s):	X
owledge that I (we) cept liability which have access to the	complete. I (we) acknowledge that I (we) sernit. I (we) further accept liability which county ordinances to have access to the	e, correct and ir to issue a pr administering	autor, including any accompanying information), has been examined by mis (us) and to the best of my (our) knowledge and benefit its true, correct and coderall and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a per County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering or any reasonable time for the purpose of inspection.	best or my (our) k on by Bayfield Co we) consent to co	by me (us) and to the that it will be relied upon that it will be relied upon that this application. I (been examined broviding and providing in or v	anying intormation) has ormation I (we) am (are) j nation I (we) am (are) j ourpose of inspection.	ing any accompa curacy of all info ng on this inform ole time for the r	nat this application (includ islible for the detail and act of Bayfield County relying the property at any reasonal decorations.)	I (we) declare that this am (are) responsible for may be a result of Bayr above described proper	
	-	IALTIES :	MIT WILL RESULT IN PEN	VITHOUT A PER	G CONSTRUCTION W	IT or STARTIN	TO OBTAIN A PERM	FAILURE	(0)	Secretarial	
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						D	Conditional Use: (explain)	Condition) 2 3 7 1		
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	×××		& food prep facilities)	<u>or</u> □ cooking &	sleeping quarters, <u>i</u>	ary, <u>or</u> U si	Mohile Home (manufactured date)	Mohile			
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Carrie		기	H-XX								ા
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Ц	ify Type:	ists) Speci	Sanitary (E	X 3				on	☐ Conversion	220,00	·
TO BELLEVILLE	Specify Type Confirmation	1	" "	- 1	- 1	- Fo		Addition/Alteration	☐ Addition	,	3.
,⊒ Citv		VTÍ.	☐ Municipal/City		Seasonal		¥ 1-Story	struction	M New Construction	marenai	18
Water	What Type of Sewer/Sanitary System Is on the property?	What Type of wer/Sanitary Syste is on the property?		# of bedrooms	Use	ies ement	# of Stories and/or basement	Project	Pro	Value at Time of Completion * include donated time &	
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□ No	□No	feet	1 6		If yescontinue	If yes-					¢
	Floodplain Zone?	teet	ricture is from Shoreline .	Distance Structure	continue>	if yes	Creek or Landward side of Floodplain? If yescontinue Is Property/i and within 1000 feet of lake. Pond or Flowage	andward sid	Creek or La	☐ Shoreland —	
→	Is Property in	eline:	ructure is from Shoreline:	Distance Structure	(incl. Intermittent)	iver, Stream	Is Property/Land within 300 feet of River, Stream (incl. Intermittent)	rty/Land wit	☐ Is Proper		
Acreage 16.5	Acre /6	Lot Size		2	Town of:	₩	N, Range 5	hip <u>47</u>	, Township	Section /	1
	JU:	Subdivision:	Vo. Block(s) No.	Lot(s) No.	Vol & Page	(s) CSM	Gov't Lat Lat(s)	Go	SE 1/4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1
Document: (i.e. Property Ownership) 377 Page(s) 44	Document: (i.e. Pr	Recorded Volume_	00	-3 92	1	PIN: (23 digits) の4 の20~2	tatemer	-1	Legal Description:	PROJECT LOCATION	Mark St.
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Plumber Phone: Written Authorization	Plumb 7/5	State/Zip):	Address (inchaectives	Plumber: Agent Mailing	222	Contractor Phon 745 634 5 Agent Phone:	half of Owner(s))	plication on b	erson Signing Applic	Contractor: The Figure 1 Color Authorized Agent: (P	Dall Town
715-272-3120	7/5-27		30875	2	Š	City/state/Zip:	Comments of	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ST HEY	Address of Property:	N
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one:	□ b.U.A. □ UI Telephone:	OFECIAL USE	Zip:	CONDITIONAL USE	ddress:	Mailing Address:	X LAND USE S		- COLOSTED	Owner's Name:	ے اے
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Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Hold For Sanitary: Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Signature of Inspector: Condition(s): Town, Committee Date of Inspection(Inspection Record: Granted by Variance (B.O.A.) Permit Denied (Date): Issuance Information (County Use Only) Setback from the **South** Lot Line Setback from the **West** Lot Line Setback from the **East** Lot Line Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback to Septic Tank or Holding Tank Setback from the North Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way HOST Was Parcel Legally Created Was Proposed Building Site Delineated Sex X Please complete (1) - (7) above (prior to continuing) Drain Field 8 Show Location of: Show / Indicate: Show Location of (*): Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Show any (*): Show any (*): Show: Show: Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. Description 91-B1 9 or Board Conditions Attached? Case #: Hold For TBA: ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguous Lot(s))
☐ Yes Se Li □ Yes Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% 3 □ □ No 1263 Inspected by: Sanitary Number: 200 7 Permit Date: Reason for Denial: Measurement ☐ Yes Hold For Affidavit: Not (If No they need to be attached.) 7-19-16 Feet setback, the \$ \frac{8}{2} No. Feet Feet Feet Feet Feet Premous 59991 Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.)

yes 2 No ndary line from which the setback must be m Were Property Lines Represented by Owner
Was Property Surveyed Setback from Wetland
20% Slope Area on property
Elevation of Floodplain Setback from the River, Stream, Setback from the Bank or Bluff Setback to Well Mouse Burned the Lake (ordinary Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: □ Yes Description Case #: Affidavit Required Affidavit Attached A Yes Lakes Classification Zoning District Date of Re-Inspection: Sanitary Date: Date of Approval: Measurement 7-11-16 □ Yes 200 eyed corner to the 15:16 \$ 8 Feet No Feet Feet Feet ÷ €

Draw or Sketch your Property (regarbless of what you are applying for)

